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## Can positioning alter the success of endotracheal intubation in obese?

Dear Editor,

We read with great interest your article "Use of Simple Clinical Predictors on Preoperative Diagnosis of Difficult Endotracheal Intubation in Obese Patients" in which you have shown a significant correlation of Obstructive Sleep apnea (OSA) and difficult intubation (DI) in obese patients.<sup>1</sup>

1. The position of the patient during laryngoscopy is an important factor determining the success of endotracheal intubation. In the present study, the authors have not specified the position of the obese patients while attempting laryngoscopy and endotracheal intubation. The use of ramped position has shown to improve the laryngoscopic view and intubation success rate in comparison to the standard sniffing position in obese patients.<sup>2</sup> Neligan et al. in their study showed that OSA does not form a risk predictor for DI in morbidly obese patients in ramped position.<sup>3</sup>
2. Contrary to the statement by the authors we feel, that the risk factors for difficult mask ventilation and DI are quite different. Modified Mallampatti, neck circumference, thyromental distance and restricted jaw mobility form risk factors for difficult intubation in obese patients.<sup>4</sup> While increased body mass index (BMI) and history of OSA has been shown to have correlation with difficult mask ventilation.<sup>5</sup>

Therefore we feel that a mention of the positioning for endotracheal tube is an important aspect of this study, which can affect the results of the study.

## Conflicts of interest

The author declares no conflicts of interest.

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## Palatoplasty in a patient with Seckel syndrome: an anesthetic challenge

Dear Editor,

Seckel syndrome first described in 1960,<sup>1</sup> is an autosomal recessive disorder found in consanguineous marriages<sup>2</sup> characterized by severe IUGR, postnatal growth retardation, mental retardation, beak like face and retrognathia. Its inci-

dence is less than 1 in 10,000 live births with 25% chances of recurrence in subsequent siblings.<sup>3</sup> Nearly 60 cases have been reported till date with very few cases having being administered general anesthesia (GA). We report the first successful palatoplasty done under GA in a child with Seckel syndrome.

An eight-year-old male child with wide cleft palate presented with complaints of poor feeding, repeated upper respiratory infections and inability to verbalize clearly.